

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

COMMUNITY SUPERVISION QUARTERLY NARCAN INVENTORY REPORT

1. Date: _____

2. Bureau: _____

3. Date of Last Inventory: _____

4. Starting Inventory: _____

5. Brand Name _____ Quantity: _____ Lot #: _____
Expiration Date _____

If multiple brands in inventory:

Brand Name _____ Quantity: _____ Lot #: _____
Expiration Date _____

Brand Name _____ Quantity: _____ Lot #: _____
Expiration Date _____

6. Number Used: _____

7. Number Disposed or Expired: _____

8. Number Received from Central Pharmacy: _____

9. Final Inventory: _____